State Elected Officials Financial Disclosure W.S. 9-13-101 through 109

This form can be accessed on the Secretary of State's Website at: http://soswy.state.wy.us/Forms/Ethics/ElectedOfficialsEthicsDisclosureForm.pdf

In accordance with W.S. 9-13-101 - 109, each of the state's five elected officials and each member of the Wyoming legislature shall file a financial disclosure form with the Secretary of State. This includes elected officials and legislators who have not sought re-election but have served in an elected position during the previous filing period.

The financial disclosure form shall contain information current as of January 15th of each year.

As prescribed in W.S. 9-13-108(b), forms may be submitted by electronically by facsimile transmission at (307) 777.7640, or by e-mail to: **elections@wyo.gov**.

Anyone violating the provisions of the Government Ethics Act is guilty of a misdemeanor punishable upon conviction by a fine of not more than one thousand dollars (\$1,000.00). W.S. 9-13-109(a).

Violation of any provision of the Government Ethics Act constitutes sufficient cause for termination of a public employee's employment or for removal of a public official or public member from his office or position. W.S. 9-13-109(b).

FILING DEADLINE:

January 31st of each year

FILING OFFICE:

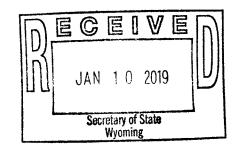
Secretary of State's Office - Election Division

2020 Carey Ave., Ste 600

Cheyenne, WY 82002

E-mail: elections@wyo.gov

Fax: (307) 777.7640



State Elected Official Financial Disclosure Form

Name of Official:	William R. Landen State Senator			
Office Held:				
Office field.	Senate District (if applicable):			
	House District (if applicable):			
Business Address:				
Business City, State and Zip:				
Business Phone:				
Home Address:	2010 Kingsbury Drive			
Home City, State an	Casper, WY 82609 (307) 237-4067			
Home Phone:				

I. Offices, Directorships and Employment

(Please use additional sheets as necessary.)

Office Held	Name and Address of Enterpri
List any directorship positions held in Name of Enterprise	business enterprises. Address of Enterprise
	_
Salaried Employment Job Title	Name and Address of Enterp

II. Sources of Income

(Please use additional sheets as necessary.)

Na:	me of Employer	Address of Employer
bus exc	simple interest (WS 0-13-108 (c) states	resses of all business entities in which you have a : "Name and address of all business entities but 10%) of the entity is owned, or sole proprietorship
Na ——	nme of Business Entity	Address of Business Entity
c) Inv	vestments	Income Earned
A. B.		Yes No Yes No
d) Of	ther (describe generally):	
On this _	10th day of January	, 2019 , I affirm that the preceding
informati	ion is accurate.	William R. Landen Digitally signed by William R. Landen Date: 2019.01.10 15:09:48 -07'00' Signature